

	<b>APPLICATION FOR MINNESOTA CIVIL MARRIAGE LICENSE</b>	
	LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE	
	<b>NO REFUNDS</b>	

STATE OF MINNESOTA, COUNTY OF ST. LOUIS
DOCUMENT NUMBER \_\_\_\_\_

<b>FIRST APPLICANT'S</b> FIRST NAME		MIDDLE NAME	LAST NAME		SOCIAL SECURITY NUMBER or I Certify that I do not have a Social Security Number.		
		ADDRESS (Number and Street)	CITY	COUNTY		STATE	ZIP CODE
		AGE	BIRTH DATE	BIRTH PLACE (State or Foreign Country)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE
		NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	DATE TERMINATED ____ / ____ / ____	CITY/STATE TERMINATED	COUNTY TERMINATED	
		PREVIOUS MARRIED NAME – FIRST MIDDLE LAST					
<b>SECOND APPLICANT'S</b> FIRST NAME		MIDDLE NAME	LAST NAME		SOCIAL SECURITY NUMBER or I Certify that I do not have a Social Security Number.		
		ADDRESS (Number and Street)	CITY	COUNTY		STATE	ZIP CODE
		AGE	BIRTH DATE	BIRTHPLACE (State or Foreign Country)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE
		NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	DATE TERMINATED ____ / ____ / ____	CITY/STATE TERMINATED	COUNTY TERMINATED	
		PREVIOUS MARRIED NAME – FIRST MIDDLE LAST					

If either of the parties is under 18 years of age, give the Name and Address of the Minor's Parents or Guardian.	NAME		
	ADDRESS		
Are the parties related to each other by blood or adoption?	<input type="checkbox"/> NO <input type="checkbox"/> YES    IF YES, WHAT IS THE RELATIONSHIP?		
<b>GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE</b>	FIRST APPLICANT FIRST NAME	MIDDLE NAME	LAST NAME
	SECOND APPLICANT FIRST NAME	MIDDLE NAME	LAST NAME
<b>ADDRESS THE PARTIES WILL HAVE AFTER MARRIAGE</b> (Will not appear on marriage certificate, but will be mailed to this address.)	ADDRESS (Name & Street)		
	CITY	STATE	ZIP CODE
Does one or both of the parties have a felony conviction for a crime committed on or after August 1, 2000 under Minnesota law or the law of another state or federal jurisdiction?	<b>FIRST APPLICANT</b> <input type="checkbox"/> NO <input type="checkbox"/> YES    IF YES, WHAT IS THE JURISDICTION:		
	<b>SECOND APPLICANT</b> <input type="checkbox"/> NO <input type="checkbox"/> YES    IF YES, WHAT IS THE JURISDICTION:		
<b>NOTICE:</b> A party who has a felony conviction for a crime committed on or after August 1, 2000 under Minnesota law or the law of another state or federal jurisdiction may not use a different name after the marriage except as authorized by Minnesota Statute 259.13, and doing so is a gross misdemeanor.			
<b>TENNESSEN WARNING FOR THE COLLECTION OF SOCIAL SECURITY NUMBERS:</b> If you have a social security number you are required by federal and state law to put it on the Marriage License Application (Title 42, US Code Sec 666 (a) (13) (a) MN Statutes, Section 144.223, and MN Statutes, Section 517.08 Subd 1a(1997). Your social security number is reported to the MN Department of Health and will be kept private. If necessary, your social security number may be used to help obtain financial support of your child.			
We, the undersigned, hereby apply for a license to marry and declare upon oath that all of the above answers and statements of fact are true and correct; that neither of us has a spouse living; that neither is committed to the guardianship or conservatorship of the Commissioner of Human Services for reason of development disability and there will be no legal impediments to this marriage on the date this license is valid.			
FIRST APPLICANT'S SIGNATURE _____ PHONE # (_____) _____			
SECOND APPLICANT'S SIGNATURE _____ PHONE # (_____) _____			
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.			
MARK A. MONACELLI, COUNTY RECORDER BY _____ DEPUTY			

\*\*\*Notice: marriage must be performed within the geographical border of Minnesota. (MN Statutes 517.07)\*\*\*